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Bib Data Sheet

CONFIRMATION NO. 9705

SERIAL NUMBER 10/044,690	FILING DATE 01/09/2002 RULE	CLASS 717	GROUP ART UNIT 2122	ATTORNEY DOCKET NO. 042390.P11928	
APPLICANTS Chris Wilkerson, Portland, OR; Ryan N. Rakvic, San Jose, CA; John P. Shen, San Jose, CA;					
** CONTINUING DATA ***** n/a					
** FOREIGN APPLICATIONS ***** n/a					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 03/22/2002					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>MY</u> Examiner's Signature Initials		STATE OR COUNTRY OR	SHEETS DRAWING 5	TOTAL CLAIMS 29	INDEPENDENT CLAIMS 4
ADDRESS 008791					
TITLE Employing value prediction with the compiler					
FILING FEE RECEIVED 986	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		